





## HAWAII STATE ETHICS COMMISSION ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS 常能PO供析-3 P3:53

REF	ORT YEAR: 20	13	Amended Statem	ent		STATE OF LIVE	
For L	obbying Reporting	Period: January 1 -	last day of February	✓ March 1 - April 30	маў.	STATE OF HAWAII ALD <b>GOOMMI</b> SSIJA	
ORG	SANIZATION INF	ORMATION					
Planned Parenthood of Hawaii And					drea Anderson		
	anization Name			Contact Person			
13	50 S. King St.	#309					
Mail	ing Address (Numi	ber and Street or P.O. B	ox)				
Honolulu		·	HI		96814		
City				State		Zip Code	
589-1156		1223	aandersor	n@pphi.org			
Tele	phone	Extension	Email Address	S			
PAR	T I. TOTAL EXPE	ENDITURES				<del></del>	
						Total Amount	
1						0.00	
2	Media Advertisin	ıg			2		
3	Postage			<u> </u>	3	8.28	
4	Compensation Paid to Lobbyists (Attached Additional Sheets As Needed) List the names of all lobbyists and compensation paid to lobbyists during the statement period						
	Lobbyist Name	obbyists and compensation	paid to lobbyists during a	Compensation Paid			
	A. Kathryn Rea	ardon		A1,3	72.56		
	в						
	C			c			
	D			D			
	E		·	E			
	F			F	<u>-</u>		
	G. Total from Addi	tional Attached Sheet(s)	_ <del></del>	G			
	Add lines A through GTotal Compensation Paid ▶ 4			Paid ► 4	1,372.56		
5	Fees Paid to Co	nsultants (other than t	o Lobbyists)		5		
6	Entertainment & Events6				6		
7	Receptions, Meals, Food & Beverages				7		
8	Gifts						
9	Loans			· · · · · · · · · · · · · · · · · · ·	9		
10						100.40	
	Other Disbursem	nents			10	182.48	

Page 1 of 2

Pm 5/31

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Name and address of each pers calendar day was made and am		for the purpose of lobbying in the total si	um of \$25 or more in any single
Name & Address	Amount or Value		
	-		
Check here if additi	ional sheets are attached		
		PER PERSON for the purpose of labbying in the aggreg	gate of \$150 or more was made during
Name & Address			Amount or Value
<del></del>		·	
	<u></u>	<u> </u>	
Charle have it additi	anal abasta are etterhad		
Check here if additi	onal sheets are attached		
PART II. CONTRIBUTION Name and address of each ners		ourposes of lobbying in the total sum of	\$25 or more during the statement perio
and the amount or value of such		an possess of research and the second and the secon	per a mare during the diatement pend
Name & Address			Amount or Value
Check here if additi	onal sheets are attached		
PART III. SUBJECT ARE Legislative and/or administrative		orted or opposed during the statement p	period:
Agriculture	Education	✓ Human Services	Science, Technology & Economic Development
Communications &	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection &	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other (indicate below):
Ecology, Energy	Housing	Public Safety & Corrections	
Environmental Protection	· ·		
AUTHORIZED PERSON	^		
al aboutle	VILLE	CEO	5/31/2013
Print Name of Authorized	Person (First M.I. Last)	Title	Date (m/d/yyyy)

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

CERTIFICATION: By checking this box, you signify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.